

SERFF Tracking Number: SHEL-125613265 State: Arkansas
Filing Company: Shelter Mutual Insurance Company State Tracking Number: #1365706 \$50
Company Tracking Number: 03M66108
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0021 Personal Umbrella and Excess
Product Name: UMB
Project Name/Number: Aufranc/

Filing at a Glance

Company: Shelter Mutual Insurance Company

Product Name: UMB

SERFF Tr Num: SHEL-125613265 State: Arkansas

TOI: 17.0 Other Liability - Claims

SERFF Status: Closed

State Tr Num: #1365706 \$50

Made/Occurrence

Sub-TOI: 17.0021 Personal Umbrella and
Excess

Co Tr Num: 03M66108

State Status: Fees verified and
received

Filing Type: Form

Co Status:

Reviewer(s): Alexa Grissom, Betty
Montesi, Brittany Yielding

Authors: Brian Marcks, Sue
Burlingame

Disposition Date: 04/24/2008

Date Submitted: 04/17/2008

Disposition Status: Approved

Effective Date Requested (New): 06/18/2008

Effective Date (New): 06/18/2008

Effective Date Requested (Renewal): 06/18/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Aufranc

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 04/24/2008

State Status Changed: 04/21/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Form B-201.8-B, Personal Umbrella Liability Declarations will replace Form B-201.6-B as the underlying policies are converted to new minimum limits. Please see Explanatory Memorandum for details of the changes.

Company and Contact

SERFF Tracking Number: SHEL-125613265 State: Arkansas
Filing Company: Shelter Mutual Insurance Company State Tracking Number: #1365706 \$50
Company Tracking Number: 03M66108
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0021 Personal Umbrella and Excess
Product Name: UMB
Project Name/Number: Aufranc/

Filing Contact Information

Brian Marcks, Coordinator of Insurance BCMarcks@shelterinsurance.com
Department Affairs
1817 West Broadway (573) 214-4165 [Phone]
Columbia, MO 65218 (573) 446-7317[FAX]

Filing Company Information

Shelter Mutual Insurance Company CoCode: 23388 State of Domicile: Missouri
1817 West Broadway Group Code: Company Type:
Columbia, MO 65218 Group Name: State ID Number:
(573) 445-8441 ext. [Phone] FEIN Number: 43-0613000

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Shelter Mutual Insurance Company	\$0.00	04/17/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
1365706	\$50.00	04/07/2008

SERFF Tracking Number: SHEL-125613265 State: Arkansas
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Company Tracking Number: 03M66108
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0021 Personal Umbrella and Excess
Product Name: UMB
Project Name/Number: Aufranc/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	04/24/2008	04/24/2008

SERFF Tracking Number: *SHEL-125613265* *State:* *Arkansas*
Filing Company: *Shelter Mutual Insurance Company* *State Tracking Number:* *#1365706 \$50*
Company Tracking Number: *03M66108*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0021 Personal Umbrella and Excess*
Product Name: *UMB*
Project Name/Number: *Aufranc/*

Disposition

Disposition Date: 04/24/2008

Effective Date (New): 06/18/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SHEL-125613265 State: Arkansas

Filing Company: Shelter Mutual Insurance Company State Tracking Number: #1365706 \$50

Company Tracking Number: 03M66108

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0021 Personal Umbrella and Excess

Product Name: UMB

Project Name/Number: Aufranc/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Explanatory Memorandum	Approved	Yes
Form	Personal Umbrella Liability Declarations	Approved	Yes

SERFF Tracking Number: SHEL-125613265 State: Arkansas

Filing Company: Shelter Mutual Insurance Company State Tracking Number: #1365706 \$50

Company Tracking Number: 03M66108

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0021 Personal Umbrella and Excess

Product Name: UMB

Project Name/Number: Aufranc/

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Personal Umbrella Liability Declarations	B-201.8-B		Declaration Replaced s/Schedule	Replaced Form #:0.00 B-201.6-B Previous Filing #:		B201-8B.pdf



SHELTER INSURANCE COMPANIES

THIS POLICY ISSUED BY:
SHELTER MUTUAL INSURANCE COMPANY

PERSONAL UMBRELLA LIABILITY DECLARATIONS

AGENT:
JOHN SMITH
123 MY STREET
MY TOWN, USA 12345
123-456-7890

12-3456-78

1. NAME AND ADDRESS OF INSURED:

JANE SMITH
PO BOX 111
ANYWHERE USA 99999

POLICY NUMBER 11-50-1111111-1
THESE DECLARATIONS ARE A PART OF
YOUR POLICY FORM NO:

2. POLICY PERIOD: FROM (TIME + EFFECTIVE DATE TO EXPIRATION DATE) AT 12:01 A.M. STANDARD TIME AT THE ADDRESS
OF THE NAMED INSURED; AND SUBJECT TO CONSENT OF THE COMPANY FOR TERMS OF SUCH DURATION EACH THEREAFTER AS THE
REQUIRED RENEWAL PREMIUM IS PAID BY THE INSURED AND RECEIVED BY THE COMPANY ON OR BEFORE EXPIRATION OF THE
CURRENT TERM.

3. (A) SELF-INSURED RETENTION: \$1,000
(B) UNDERLYING INSURANCE:

TYPE OF POLICY

REQUIRED BODILY INJURY AND
PROPERTY DAMAGE MINIMUM LIMIT

AUTOMOBILE/MOTOR VEHICLE LIABILITY (INCLUDING MOTORCYCLES LICENSED FOR ROADWAY USE)	BODILY INJURY	\$250,000	EACH PERSON
	BODILY INJURY	\$500,000	EACH ACCIDENT
	PROPERTY DAMAGE	\$100,000	EACH ACCIDENT OR
	SINGLE LIMIT	\$500,000	EACH ACCIDENT
PERSONAL LIABILITY RESIDENCE AND FARM PREMISES LIABILITY FARM LIABILITY (INCLUDING FARM EMPLOYER'S LIABILITY)	LIABILITY LIMITS	\$300,000	EACH OCCURRENCE
RECREATIONAL VEHICLE LIABILITY (INCLUDING MOTORCYCLES NOT LICENSED FOR USE ON PUBLIC ROADWAYS)	BODILY INJURY	\$100,000	EACH PERSON
	BODILY INJURY	\$300,000	EACH ACCIDENT
	PROPERTY DAMAGE	\$100,000	EACH ACCIDENT OR
	SINGLE LIMIT	\$300,000	EACH ACCIDENT
WATERCRAFT LIABILITY	SINGLE LIMIT	\$300,000	EACH ACCIDENT

4. SUBJECT TO THE TERMS OF THIS POLICY, THE LIMIT OF THE COMPANY'S LIABILITY SHALL BE:

LIMITS OF LIABILITY

PREMIUM

PERSONAL LIABILITY	EACH OCCURRENCE	
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FORMS AND ENDORSEMENTS ATTACHED TO AND FORMING PART OF THIS POLICY:

TRANSACTION:
H. O. CODE:
POLICY TERM:

DATE ISSUED:

COUNTERSIGNED BY

Rick Meunier

B-201.8-B

PAGE 1

1817 WEST BROADWAY • COLUMBIA, MISSOURI • 65218-0001 • 573-445-8441

<i>SERFF Tracking Number:</i>	<i>SHEL-125613265</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Shelter Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>#1365706 \$50</i>
<i>Company Tracking Number:</i>	<i>03M66108</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0021 Personal Umbrella and Excess</i>
<i>Product Name:</i>	<i>UMB</i>		
<i>Project Name/Number:</i>	<i>Aufranc/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: SHEL-125613265 State: Arkansas
Filing Company: Shelter Mutual Insurance Company State Tracking Number: #1365706 \$50
Company Tracking Number: 03M66108
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0021 Personal Umbrella and Excess
Product Name: UMB
Project Name/Number: Aufranc/

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 04/24/2008

Comments:

Please see attachments.

Attachments:

ARPCTD-1_B-201.8-B 3-3-2008_.pdf

ARPCFFS-1_B-201.8-B 3-3-2008_.pdf

Satisfied -Name: Explanatory Memorandum **Review Status:** Approved 04/24/2008

Comments:

Please see attachment.

Attachment:

Personal Umbrella Dec Filing - Explanatory Memo.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #
Shelter Insurance Companies	123

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Shelter Mutual Insurance Company	MO	23388	43-0613000	

5. Company Tracking Number	03M66108
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Brian Marcks 1817 West Broadway	Coord. of Ins. Dept. Affairs	573-214-4165	573-446-7317	BCMarcks@ Shelterinsurance. com
Columbia, MO 65218				

7. Signature of authorized filer	
8. Please print name of authorized filer	Brian Marcks

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.0000 Other Liability
10. Sub-Type of Insurance (Sub-TOI)	17.0021 Umbrella and Excess (Personal)
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Personal Umbrella
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 06/18/2008 Renewal: 06/18/2008

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	April 17, 2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	03M66108
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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B-201.8-B will replace B-201.6-B as underlying policies are converted to new minimum limits. Following is a breakdown of the minimum limit changes made to the declaration.

	Current	Revised
Automobile/Motor Vehicle Liability - Property Damage - Each Accident	\$50,000	\$100,000
Personal Liability - Liability Limits	\$100,000	\$300,000
Residential and Farm Premises Liability - Liability Limits	\$100,000	\$300,000
Farm Liability - Liability Limits	\$100,000	\$300,000
Recreational Vehicle Liability - Property Damage - Each Accident	\$50,000	\$100,000
Recreational Vehicle Liability - Single Limit	\$100,000	\$300,000
Watercraft Liability - Single Limit	\$100,000	\$300,000

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: 1365706 Amount: \$50</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

These pages are informational only and do not need to be submitted with your filings!

Notes for Uniform Property & Casualty Transmittal Document

DESCRIPTION OF ITEMS IN THE PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT

- 1. Reserved for Insurance Dept. Use Only**—this section is for anything the Dept. wishes to capture—such as date stamps, approval stamps, check routing numbers, accounting codes, etc.
- 2. Insurance Department Use Only Box:** Includes the following information: (It is up to the state to determine which, if any, of this info they wish to record—or it may be recorded in #1 box with stamps (for example))
 - a. Date the filing is received by the Insurance Dept.**
 - b. Analyst**—lead analyst who reviewed the filing and assigns final disposition
 - c. Disposition**—this is the disposition that the Dept. assigns—authorized, approved, filed, withdrawn, disapproved, informational only, etc.
 - d. Date of Disposition of the filing**—date filing is finished
 - e. Effective Date of the Filing**—date the filing goes into effect. This date may vary by state—it might be the “approval” date in some states. It might be the implementation date in some states. It might be the received date in some states. The Dept. should use the date that is applicable in their state.
 - f. State Filing #:** The number the state assigns to the filing (if applicable).
 - g. SERFF Filing #:** Some states may use SERFF to track paper filings and will use that SERFF assigned number.
 - h. Subject Codes** – This field is intended to capture one or more Subject Codes for states to track particular attributes of a filing, such as mold exclusions. The codes or terms used would be variable by state.
- 3. Group Name and Group NAIC #** as assigned by NAIC.
- 4. Company Name(s), State of Domicile, NAIC #, FEIN#, State #:** Every company to which this filing applies must be listed and the company information must be supplied, with the exception of the State # (the company specific code) if not available or not required by the filing jurisdiction. A filing that lists a group without supplying company info will not be accepted in most states.
- 5. Company Tracking Number:** The filing number assigned by the insurance company, if any.
- 6. Contact Info of Filer or Corporate Officer:** The company should supply the information on the person the state should contact if there is a question/problem with the filing. If there is more than one person (perhaps, one for rates, one for forms) then both should be listed.
- 7. Signature of authorized filer:** Some states require a signature of the authorized filer. If the filer is third party, a letter of authorization from the insurer must be submitted according to state requirements.
- 8. Please print name of authorized filer:** So we can decipher #7 above!
- 9. Type of Insurance (TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Type of Insurance” and roughly corresponds to the annual statement line of business.
- 10. Sub-type of Insurance (Sub-TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Sub-Type of Insurance”.
- 11. State Specific Product code(s):** See State Specific Requirements for these codes
- 12. Company Program Title:** Marketing title, if applicable.
- 13. Filing Type:** Choices are Rate/Loss Cost; Rules; Rates/Rules; Forms; Withdrawal; Other.

14. Effective Date Requested: This is the effective date the company requested when they made the filing. It is not necessarily the date the filing officially becomes effective. This is also where the company can indicate the different effective dates for new or renewal business.

15. Reference Filing: Yes/No

16. Reference Organization (if applicable): The name of the advisory organization—i.e. ISO, NCCI, AAIS, etc. or an Insurance Company name if “me too filing” is permitted. Some states allow companies to reference another company’s filing. A “me too” filing is when one company adopts another company’s filing. Usually they are not part of the same group. You should check with each state to determine their rules on these filings. If permitted, use this area to indicate either an advisory organization name or “me too” company name.

17. Reference Organization Number & Title (if applicable): This is the unique number that the reference organization gives to the filing. It is generally not the same number as the circular number.

18. Company’s Date of filing: The date the company sends the filing.

19. Status of filing in domicile: Place for the company to show if filing has been filed in domicile and its status.

20. This filing transmittal is part of Company Tracking #: This ties all of the pages of the transmittal to the same filing. It is helpful for the state.

21. Filing Description: This area can be used in lieu of a cover letter or filing memorandum and is free-form text.

22. Filing Fees: Please refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		03M66108		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		N/A		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Personal Umbrella Liability Declarations	B-201.8-B	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	B-201.6-B	
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

Effective March 1, 2007

This page is informational only and do not need to be submitted with your filings!

Notes for Form Filing Transmittal
DESCRIPTION OF ITEMS IN THE FORM FILING SCHEDULE

FORM FILING SCHEDULE

- 1. This filing transmittal is part of Company Tracking #:** This ties all of the pages of the transmittal to the same filing. It is helpful for the state
- 2. This filing corresponds to rate/rule filing number:** Many states require that rates and forms be submitted separately due to different review procedures that are required by law. For those states, this will tie the form filing with the associated rate filing, if there is one.
- 3. Exhibit/Form Name/Description/Synopsis:** This is a list of forms being filed. **Do not refer to the body of the filing for a separate forms listing, unless allowed by state. This is required information and is required here.** The line numbers below this are to help the Departments that track the number of forms they receive.

**SHELTER MUTUAL INSURANCE COMPANY
PERSONAL UMBRELLA
EXPLANATORY MEMORANDUM**

Form B-201.8-B will replace B-201.6-B as underlying policies are converted to new minimum limits. Following is a breakdown of the minimum limit changes made to the declaration:

	<u>Current</u>	<u>Revised</u>
Automobile/Motor Vehicle Liability		
- Property Damage - Each Accident	\$50,000	\$100,000
Personal Liability - Liability Limits	\$100,000	\$300,000
Residential and Farm Premises Liability - Liability Limits	\$100,000	\$300,000
Farm Liability - Liability Limits	\$100,000	\$300,000
Recreational Vehicle Liability		
- Property Damage - Each Accident	\$50,000	\$100,000
Recreational Vehicle Liability - Single Limit	\$100,000	\$300,000
Watercraft Liability - Single Limit	\$100,000	\$300,000